

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION  
**NURSING FACILITY QUALITY ASSESSMENT**  
**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS**  
**(ACH DEBITS)**

<b>STEP 1</b> FACILITY NAME & ADDRESS	NURSING FACILITY NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER  -	
	NUMBER AND STREET ADDRESS			
	ADDRESS (continued)			
	CITY/TOWN STATE & ZIP CODE			
<b>STEP 2</b> INITIAL, CHANGE, OR REVOCATION	Check the type of request: <input type="checkbox"/> INITIAL REQUEST <input type="checkbox"/> CHANGE REQUEST <input type="checkbox"/> REVOKE AUTHORIZATION			
<b>STEP 3</b> DEPOSI- TORY INFORMA- TION	<b>DEPOSITORY (BANK) INFORMATION</b>			
	Depository (Bank ) Name		Depository (Bank) Routing & Transit #	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> </div>
	Name on Depository Account		FEIN/SSN on Depository (Bank) Account	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> </div>
	Depository Account Number	<div style="display: flex; justify-content: space-between;"> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> <div style="width: 20px;"> </div> </div>	Account Type (check one)	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	<b>YOU MUST PROVIDE A COPY OF A VOIDED CHECK OR A SAVING WITHDRAWAL SLIP FOR THIS ACCOUNT.</b>			
<b>STEP 4</b> ACH AUTHO- RIZATION	This authorization is to remain in full force and effect until the STATE has received written notice from me (or either of us) of its termination in such time and in such a manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it.  By signing below, I hereby authorize the State of New Hampshire Treasury to initiate variable debit entries to the bank account and the depository named above.			
	PRIMARY NAME		TELEPHONE #	
	SECONDARY NAME		TELEPHONE #	
<b>STEP 5</b> SIGNATURES	By signing below, I hereby authorize the State of New Hampshire Treasury, to initiate debit entries to our Checking or Savings account indicated above at the depository (bank) named above, to debit the same to such account.			
	SIGNATURE (IN INK) OF AUTHORIZED OFFICER/REPRESENTATIVE			
	PRINT SIGNATORY NAME & TITLE		DATE	
<div style="border: 1px solid black; padding: 10px; display: inline-block;">           NH DRA            DOCUMENT PROCESSING DIVISION            PO BOX 1004            CONCORD, NH 03302-1004         </div>				

FOR DRA USE ONLY

**NURSING FACILITY QUALITY ASSESSMENT****AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS (ACH DEBITS)**

## INSTRUCTIONS

**WHO MUST FILE**

All nursing facilities in New Hampshire. Nursing facility means all nursing facilities licensed by the New Hampshire Department of Health and Human Services as defined by RSA 151-E:2,V.

**WHAT TO FILE**

A completed DP-156-ACH and a copy of a voided check or savings withdrawal slip for this account.

**WHEN TO FILE**

ACH Debit authorization must be received by the New Hampshire Department of Revenue Administration (NH DRA) 30 days prior to (1) the first filing of Form DP-156, Nursing Facility Quality Assessment Return; (2) any time there is a request for change or revocation.

**EFFECTIVE DATE OF ACH DEBIT**

The ACH payment will be debited 2 days prior to the last business day of the month following the due date of the return or (if under extension or alternative payment agreement), on such date is approved by the Commissioner of Revenue Administration.

**WHERE TO FILE**

Completed authorization forms shall be filed with NH DRA for recording and then will be forwarded by the NH DRA to the NH Department of Treasury for processing.

**REQUEST TO REVOKE AUTHORIZATION**

All written debit authorizations must provide that the Receiver (Nursing Facility) may revoke the authorization only by notifying the Originator (NH DRA) in the manner specified in the Authorization. The Receiver (Nursing Facility) must be given a copy of their written debit authorization by the NH Treasury.

**PRE-NOTE**

An ACH Debit pre-note is required for the initial request and any changes.

**LINE BY LINE INSTRUCTIONS****STEP 1**

Enter the Nursing Facility name, address and Federal Employer Identification Number in the spaces provided.

**STEP 2**

Check the appropriate box to indicate whether this is an initial request, a change request, or a request to revoke ACH Debit Authorization.

**STEP 3**

Enter the Depository (Bank) information in the spaces provided. It is important to enter all digits of the routing and account number for accurate processing.

**STEP 4**

The Nursing Facility must provide a primary and a secondary name and telephone number for questions concerning ACH Debit Authorization. The facility shall file a change form whenever the primary or secondary contact person changes.

**STEP 5**

By signing, the authorized representative authorizes the NH Department of Treasury to debit their bank account by the amount reported to the NH Department of Revenue Administration on the Form DP-156.